

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039527

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1524

NOV 12 1963

1. PLACE OF DEATH
a. COUNTY Green

b. CITY (If outside corporate limits, give TOWNSHIP only)
Springfield

Length of stay in 1b
16 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Barry

c. CITY OR TOWN Verona

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 1

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Virgie Middle Ellis Last Ellis

4. DATE OF DEATH
Month Nov. Day 4 Year 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Mar. 19-1892

9. AGE (last birthday)
71

IF UNDER 1 YEAR
Months 71 Days 71 Hours 71 Min. 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
same

11. BIRTHPLACE (City and state or country)
Kansas

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Henry Walker

13b. MOTHER'S MAIDEN NAME

Martha Samuels

14. NAME OF HUSBAND OR WIFE

Willie Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.
no

17. INFORMANT
Address Ruby Hays Cassville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

DUE TO (b)

Cholelithiasis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 7:00 a.m. 7:00 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-31-63 to 11-4-63 and last saw her alive on 11-4-63
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. McDougle M.D.

22b. ADDRESS 302 Professional Bldg Springfield, Missouri

22c. DATE SIGNED

11-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Burial Nov. 7-1963

23c. NAME OF CEMETERY OR CREMATORY

Walton Cemetery

23d. LOCATION (City, town, or county)

South of Verona Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bennett - Warmingtton, Missouri

25. DATE RECD. BY LOCAL REG.

11-7-63

26. REGISTRAR'S SIGNATURE

Bernice Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10397
20050
3
4 1
5 1
6
7 1
8 2
585x
10
11
12 4-0
13

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No.

4213

P. O. Address

Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.